The Ethics of Hospital Practice

Just as the problems of medical technology have acted as one important impetus for the development of modern ethical discussion, so too in Percival's day did the advent of the new voluntary hospitals. For him, much more than for John Gregory, it was evident that hospital practice would substantially change the character and direction of medical practice. It was, consequently, hospital practice not private practice which he adopted as the model for his medical ethics.

Hospital practice had in this period caused a shift in power both to and away from the medical staff. As John Aikin observed in his *Thoughts on Hospitals*, physicians and surgeons had in this new setting gained remarkable powers of discretion which could be used to advance medical science and patient welfare.[149] On the other hand, the medical staff were no longer autonomous decision makers, but increasingly employees who were forced to obey the statutes and regulations laid down by the governors and managers. Guenter Risse has recently shown that this development brought with it an obligation to comply with fiscal restraints and budgetary decisions that set limits to the use by medical men of hospital resources.[150]

Because a physician's practice was so closely tied to the prescribing of drugs and the choosing of appropriate diets for individual patients, the loss of control over medical supplies was viewed by many of the faculty as a distressing development. John Aikin, for one, denounced 'that spirit of penurious œconomy which makes charity to appear so unlike itself'.[151] In his *Medical Ethics*, Percival echoed these sentiments, arguing that the medical staff:

> should not suffer themselves to be restrained by parsimonious considerations, from prescribing *wine*, and *drugs* even of *high price*, when required in diseases of extraordinary malignity and danger.[152]

He also maintained optimistically that

> no œconomy, of a fatal tendency, ought to be admitted into institutions, founded on principles of the purest beneficence, and which, in this age and country, when well conducted, can never want contributions adequate to their liberal support.[153]

To the tension created between staff and governors by the loss of personal prerogatives, a new one was also added. This was the constant professional scrutiny of one's peers. This new development demanded of the medical staff of hospitals 'personal circumspection not only to protect one's own reputation but, more important, to